FORM KYF-01
(5/2005)

AGENT LICENSING DIVISION
EDUCATION SECTION
P.O. Box 517 - Frankfort, KY 40602-0517
1-800-595-6053   (502) 564-6004
http://doi.ppr.ky.gov/kentucky/

FILING FEE SUBMISSION FORM

This form **must be completed** and sent with fees payable to the Kentucky State Treasurer, in order for courses and/or instructors to be eligible for review. A duplicate of this completed form **must** be attached to form CE/PL-100 with course material, or CE/PL-200 and mailed to Thompson-Prometric, Attn: Kentucky CE, 1360 Energy Park Dr., St. Paul, MN 55108-5252.

DATE MATERIAL SUBMITTED TO THOMPSON-PROMETRIC_____

PROVIDER NAME_____

KY PROVIDER # PR_____   EXPERIOR PROVIDER #S_____   PHONE #_____

CONTACT PERSON_____   E-MAIL_____

FILING FEES ATTACHED TO REQUEST REVIEW OF THE FOLLOWING COURSES:
INDICATE TITLE OF COURSE(S):   *COURSE TYPE:*
(1)_____   ☐ CE   ☐ PL
(2)_____   ☐ CE   ☐ PL
(3)_____   ☐ CE   ☐ PL
(4)_____   ☐ CE   ☐ PL
(5)_____   ☐ CE   ☐ PL

CE=CONTINUING EDUCATION; PL=PRE-LICENSING (FEE REQUIRED FOR EACH COURSE TYPE)

FILING FEES ATTACHED FOR REVIEW OF THE FOLLOWING INSTRUCTORS:

INSTRUCTOR NAME	SS#	COURSE TYPE	INSTRUCTOR NAME	SS#	COURSE TYPE
1.		☐CE ☐PL	5.		☐CE ☐PL
2.		☐CE ☐PL	6.		☐CE ☐PL
3.		☐CE ☐PL	7.		☐CE ☐PL
4.		☐CE ☐PL	8.		☐CE ☐PL

CONTINUING EDUCATION FILING FEES: **PRE-LICENSING FILING FEES**

Each new course - $10.00   Each new course - $50.00
Each new instructor - $5.00   Each new instructor - $5.00

Fees must be made payable to the Kentucky State Treasurer, and sent to the Kentucky Office of Insurance, Agent Licensing Division, P.O. Box 517, Frankfort, KY 40601, **with this form** completed in full.

CE/PL-100 with course material and/or CE/PL-200 with Instructor information must be mailed to Thompson-Prometric, Attn: KY Submissions, 1360 Energy Park Dr., St. Paul, MN 55108, **with a copy** of this form showing fees are paid.

You will receive an invoice from Thompson-Prometric for qualifying courses in the amount of $5.00 per credit hour awarded.
Payments must be payable to: Kentucky State Treasurer   Mail to: Kentucky Department of Insurance, Agent Licensing Division, PO Box 517, Frankfort, KY 40602. Copy of Experior's **invoice must be included** to ensure proper credit.

FOR PROVIDER USE:
ENCLOSED FIND CHECK #_____   **(PAYABLE TO KENTUCKY STATE TREASURER)**

IN THE AMOUNT OF $_____, **ISSUE DATE** _____   **SIGNED BY** _____